

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Attorney Docket No: PD-202003

- ☒ Original  
☐ Continuation  
☐ Division  
☐ Continuation-in-Part  
☐ Supplemental

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Prototype Waveform Magnitude Quantization For A Frequency Domain Interpolative Speech CODEC System**

the specification of which:

(check one) ☒ is attached hereto.  
☐ was filed on February 13, 2002 as Application Serial No. \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application that designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or of any PCT international application, having a filing date before that of the application on which priority is claimed:

Foreign Application Number	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed	Certified Copy Attached
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

Application Number	Filing Date (MM/DD/YYYY)
60/268,327	02/13/2001
60/314,288	08/23/2001

I hereby claim the benefit under 35 U.S.C §120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or Parent PCT Number	Filing Date (MM/DD/YYYY)	Patent Number (if applicable)

## DECLARATION/POWER OF ATTORNEY

Page 2 of 2

Attorney Docket No: PD-

I hereby appoint the following attorneys, or agent and attorneys, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John T. Whelan	Registration No. 32,448
Craig L. Plastrik	Registration No. 41,254
Michael W. Sales	Registration No. 30,213

**Correspondence Address:**

Name: Hughes Electronics Corporation  
Patent Docket Administration  
Address: P.O. Box 956  
Bldg. 1, Mail Stop A109  
City/State/Zip: El Segundo, CA 90245-0956  
Country: USA Telephone: 301-428-5965 Facsimile: 301-428-2802

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or Joint Inventor:	Inventor's Signature:	Date:
Residence (City and State)	Citizenship	
Residence Address (Street/City/State/Zip)		
Full Name of Joint Inventor:	Inventor's Signature:	Date:
Udaya Bhaskar		
Residence (City and State)	Citizenship	
North Potomac, MD	India	
Residence Address (Street/City/State/Zip)		
10636 Floral Park Lane North Potomac, MD 20878		
Full Name of Joint Inventor:	Inventor's Signature:	Date:
Kumar Swaminathan		
Residence (City and State)	Citizenship	
North Potomac, MD	USA	
Residence Address (Street/City/State/Zip)		
12156 Hidden Brook Terrace North Potomac, MD 20878		
Full Name of Joint Inventor:	Inventor's Signature:	Date:
Residence (City and State)	Citizenship	
Residence Address (Street/City/State/Zip)		